

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH

OFFICE OF ENVIRONMENTAL HEALTH
4452 Corporation Lane
Virginia Beach, VA 23462
(757) 518-2646
FAX (757) 518-2642

2014 – 2015 FISCAL YEAR

APPLICATION FOR FOOD SERVICE PERMIT
THIS IS NOT A PERMIT TO OPERATE

NOTE: Complete both back and front of application and attach the \$40.00 fee. THIS APPLICATION WILL NOT BE PROCESSED UNLESS FULLY COMPLETED, BOTH BACK AND FRONT.

PLEASE SUBMIT THIS ORIGINAL COLORED APPLICATION ONLY, NOT A COPY

***** A COPY OF YOUR COMMISSIONER OF REVENUE BUSINESS LICENSE MUST BE ATTACHED TO THIS APPLICATION *****

Date: _____

PURPOSE: ☐ New Establishment ☐ Name Change - Formerly Trading as: _____
☐ Renewal ☐ Owner/Corporation Change ☐ Update Only

ESTABLISHMENT NAME (Complete): _____

ADDRESS: _____ SUITE # _____ CITY _____ STATE _____ ZIP _____

ESTABLISHMENT PHONE: _____ FAX: _____ ESTABLISHMENT EMAIL: _____

MAILING ADDRESS (if different from above) _____

Name of Establishment Manager: _____ City _____ State _____ Zip _____

Contact Person: _____

Home Address: _____

Is this food establishment located within a hotel or motel: () Yes () No If yes, name of hotel/motel: _____

ADDRESS BELOW MUST BE DIFFERENT THAN ESTABLISHMENT ADDRESS

CORPORATE NAME: _____ Address: _____

(Enterprise, L.L.C., Inc., etc.): _____ City, State, Zip: _____

Phone Number: _____

NAME OF SOLE PROPRIETOR _____ Home Address: _____

OR INDIVIDUAL OWNER: _____ Home Phone: _____

TYPE OF OPERATION: Restaurant ☐ School ☐ Daycare ☐ Mobile ☐ Other _____ Number of seats: _____

Yearly ☐ Seasonal ☐ Months of Operation: _____ Days of Week: M T W T F S S

Hours of day: _____ Non Smoking Area: Yes or No ABC License: Yes or No

Type of Water/Sewage Supply: Well Water or City Water (If well PWSID #) _____ City Sewage or Septic System

Name(s) and Expiration Date(s) of Certified Food Manager(s): _____ Exp. Date: _____

_____ Exp. Date: _____

If Mobile Unit or Concession Stand: Name of Commissary: _____ Permit #: _____

Address of Commissary: _____

City _____ State _____ Zip _____

Attach to this application the agreement form signed by the commissary owner, location of mobile stops and menu.

HD USE ONLY: Permit #: _____ Census Tract: _____ EHS: _____ Area: _____

Perm Dates _____ to _____ Check # _____ Encounter # _____

Month _____ Year _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION Rev. 6/30/14

AS A CONDITION FOR RECEIPT OF THE PERMIT I AGREE TO:

1. Read and be familiar with the laws, orders, rules and regulations, etc. governing the handling of food in the City of Virginia Beach.
2. Abide by the conditions of such laws, orders, rules, regulations, etc.
3. Freely permit any authorized agent of the Department of Health to inspect the premises under my control and at such time to take samples therefrom as may be necessary.

I FURTHER UNDERSTAND THAT:

1. Health Department food establishment permits must be renewed annually and that there is a 40.00 permit fee.
2. *Permits cannot be transferred from one operator to another or from one location to another. The Health Department must be notified of any sale or change of ownership.*
3. Permits are subject to revocation for just cause.
4. The Health Department must be notified when the applicant ceases to be responsible for the establishment.
5. *All food establishments in Virginia Beach are required by City Code to have a Certified Food Service Manager on duty for a minimum of eight hours for each day the establishment is open. Certified Food Managers must be registered with the Virginia Beach Department of Public Health.*
6. If any menu changes occur, the Virginia Beach Department of Public Health must be notified.
7. Owner must notify the Health Department if establishment changes hours of operation or months of operation. Permit is VOID if Health Department is not notified.
7. If establishment is closed for more than 30 days, permit is void and re-opening without a health department inspection is prohibited.

I have read and understand the above information.
This application is complete and accurate to the best of my knowledge.

Signature of Owner/Operator

Date

(Name)

PLEASE PRINT CLEARLY